



Transforming Lives

Federal Communications Commission 445 12th Street, SW Washington, DC 20554

Re:

Docket 18-336

Implementation of the National Suicide Hotline Improvement Act of 2018

Dear Commissioners:

The Harris Center for Mental Health and IDD submits these comments on the **Implementation of the National Suicide Hotline Improvement Act**, currently under review by the Federal Communications Commission (FCC). We appreciate the opportunity to provide comments as FCC issues a formal recommendation on implementing an N11 code for the National Suicide Prevention Lifeline ("NSPL" or "Lifeline") as well as for general mental health support for callers.

The Harris Center for Mental Health and IDD is the largest provider in the State of Texas and is located in the 3rd largest county in the United States. The Harris Center operates a highly impactful 24 hour Crisis Line for the residents of Harris County and 32 additional Texas counties. Our highly skilled Crisis Line Specialists take an average of 400 calls a day and have been serving our community saving lives for over 15 years. We are accredited at the highest level by the American Association of Suicidology and meet all the additional State of Texas Crisis Line requirements.

The Harris Center also partners with our Public Service Answering Point (PSAP). A team of 6 full time Crisis Phone Counselors are co-located with 911 police and EMS dispatch. This program diverts non-imminent risk calls with a mental health nexus away from first responders and toward a more appropriate system of care. We are the first partnership of this kind in the country and have diverted thousands of calls away from unnecessary police and EMS response since the program began in 2016.

Just last week, the Centers for Disease Control reported that over 40,000 Americans died by suicide last year --driving the national suicide rate to its highest rate in decades. Establishing 3-digit access will help remove the stigma associated with mental health challenges and reaching out for help. 3-digit access to crisis services represents a national recognition that seeking help for behavioral health and suicidal crisis is just as much a part of life as seeking help for fire, injury, or other health and wellness needs. Implementing a 3 digit code simplifies access to care for those in crisis.

The work that happens at our Crisis Line is not only about serving those callers who call in through our local county crisis line or the National Suicide Prevention Lifeline, it is also about the follow-up calls that are made to these callers. Follow-up calls to those who originally reach out for care due to suicidal ideation have shown to greatly impact the outcomes of the crisis interaction in a positive way (Gould, Lake, Galfalvy, Kleinman, Munfakh, Wright, and McKeon, 2017). The Harris Center is one of many crisis centers across the country who is ready to continue to support this type of crisis care for a N11 system.

We are aware the Commission has received comments suggesting that the current 211 system be used for 3-digit access to crisis intervention, rather than a dedicated behavioral health and suicide lifeline. This approach is not consistent with Congressional intent. Implementation through 211 would add delay and complexity for a person who needs help. The 211 model also minimizes the value of stigma reduction that the dedicated N11 model could provide for those accessing mental health crisis care. There is no need to re-invent the wheel when a network of skilled and experienced crisis responders are already in place across the nation to provide these vital services.

The Harris Center for Mental Health and IDD is ready to partner with the FCC, National Suicide Prevention Lifeline and other N11 responders as we work together to continue to ensure those in need in our communities can access care in whatever manner feels easiest and most accessible to them.

Sincerely,

Wayne Young, MBA, LPC, FACHE

Chief Executive Officer

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